

OUNDL & THRAPSTON RURAL DISTRICT



REPORT ON THE ENVIRONMENTAL
HEALTH OF THE DISTRICT.

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report as Medical Officer of Health, which also incorporates the report of the Chief Public Health Inspector.

The report is presented once again in seven sections, each dealing with a separate aspect of environmental control; the first on natural and social conditions, the second on the provision of health and welfare services; the third on sanitary circumstances; the fourth on housing; the fifth on food; the sixth on the control of infectious and other diseases, and the seventh on the Factories Act, 1961. In addition, while increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

The vital statistics for the year show that there were 245 deaths. This gives a rate of 13.4 compared with 11.2 last year, and with the national figure of 11.9. The total number of births was 259 (of which 16 were illegitimate) the same number as last year. There were seven infant deaths.

The control of food hygiene in the district is maintained at a high standard. The inspection of meat continues to be a hundred per cent. There has been also adequate control of food supplies. The sampling of untreated milk bottled on farms continues to be carried out by the Weights and Measures department of the County Council and Mr. Evans, the County Inspector, provides a helpful service. His co-operation and prompt notification of any failure is much appreciated. While the district has been fortunate during the year in having no cases of food borne infection, the condition is generally far too prevalent. It is essential that there is a constant vigilance in the maintenance of standards in the storage, preparation and sale of all food, and that individuals concerned with this trade should receive proper training and be aware of the potential risk to their customers should they fail to observe the strictest methods of hygiene. The local authority, by constant inspection, exhortation and sampling, makes every effort to prevent food borne infection, but the ultimate responsibility lies with those who handle the food. A lapse by an individual either in food premises or in the home is often the cause of illness. The public themselves, when observing failure in food premises, should refuse to accept unsatisfactory practices. In the home, high standards among families should be a routine matter.

Infectious disease notification was, apart from measles, low: measles vaccination continued, but owing to shortage of vaccine was not generally available. It is to be hoped that this universal, and often complicated infection, will decline in future years. While the incidence of infection is slight, it is disturbing to note that the numbers receiving immunisation are, in many areas, too few. It is hoped that the use of the computer will have the effect of raising the response to immunisation. Should standards fall infections could re-occur. It remains vitally important for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus, smallpox and now measles, with tuberculosis vaccination following later. The introduction of Rubella (German Measles) vaccination may also become universal for girls, as an effective vaccine has now been developed.

Thus, the environmental control of the district has been maintained satisfactorily throughout the year, but while there is a gradual improvement annually, pressures are constant both in maintaining present standards and in dealing with new problems that occur. The national rise in population, if it continues at its present rate, will result in an increase of 20 million by the year 2000, thereby causing problems of great magnitude in the environment. Already some of these are evident in the United States of America. There will inevitably be increasing pollution of the air, sea, land and inland waterways: congestion of the roads resulting in more deaths from accidents: overcrowding of the cities with overspill and congestion of the countryside: a vast problem of refuse and sewage disposal: housing shortage: the need for more institutions, schools, teachers, hospitals and all the allied services: the problem of noise and its effect on mental health, and finally the ultimate result of overpopulation on the whole mental outlook of its people. While it is agreed that population control is a priority in many of the emerging countries, its urgency here has not received the attention it merits. While, at the present time, family planning is, in general, a practice of the more responsible members of the community, we are faced with an inevitable increase of population among the less desirable, who as problem families frequently perpetuate themselves by becoming the progenitors of future problem families. There are in this country 250,000 unwanted children born annually and it is likely that it is from this source that criminality arises. The successful practice of population control has therefore this twofold purpose, which is both quantitative and qualitative.

The year 1969 was notable for proposals for reform in Local Government structure and changes in the National Health Service. In the former, unitary all purpose authorities combining in Northamptonshire both the Borough and the County would take the place of the twenty two district councils of the County and County Borough. The Health Service was to be unified and its tripartite structure to cease, removing the personal preventive health services from the local authority, but leaving the control of environmental services with the unitary authority. Finally the social services, remaining with the local authority, would embrace a number of health functions. This proposed massive reorganisation occupied much thought in the year of this report.

Political changes which have occurred at the time of writing may cause some immediate deferral of these plans. However some reflection on the future of the preventive services and the challenges that have to be faced could be appropriate at this time.

It is now over twenty years since the inception of the National Health Service. From the outset a tripartite structure separating hospital, general practitioner and local authority services was potentially hazardous. The separation of the preventive services from the National Health Service, and the isolation of the medical personnel allying them with other local government officers rather than their colleagues has resulted in a steady decline in recruitment. Local authorities have in some instances failed to recognise the potential of their inheritance and while there has been expansion of hospital and general practitioner services there has been some stagnation in the preventive field. Foresight in expenditure on prevention could have resulted in saving on the curative services. However health needs are weighed against all other demands and, in practice, are often the ones to be curtailed in times of economic stringency. It is unfortunate that the results of preventive medicine are without immediate dramatic evidence; are slow, long term, and can only be assessed by the passage of time and often the study of statistics. It is unfortunate too that in the last twenty years the needs of prevention have become more subtle, depending now less on obvious environmental control such as the clearing of slums and prevention of infectious disease than on the individuals response to life in an affluent society.

Finally, I emphasise each year, what are the future challenges. I maintain that there is a need for their constant reiteration. Health education has become, in its modern context, a perpetual battering at the bastions of ignorance, self indulgence and complacency.

In the assessment of the needs for prevention there are three factors to be considered, first the primary one of preventing disease, which is exemplified by the total prevention of an illness by immunisation, the secondary factor of preventing premature death by means of early detection, modification of living habits, health education and other means, and thirdly the prevention of further deterioration of those who already suffer from chronic illness. Each facet of the field of prevention requires its individual disciplines, and it is necessary to consider the causes of premature death, and those afflictions who by their incidence lessen the quality of life.

The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the 1st, 2nd and particularly the 3rd decades). Once again I give some details on this subject on later pages of the report.

Next, in the middle aged, becoming evident now from the fifth decade there is the ever growing toll which is caused as a result of cigarette smoking. It is agreed that this is probably the greatest health challenge facing our society at this time. At least 50,000 deaths a year are contributed to by this habit, not only from cancer of the lung, but from coronary thrombosis, chronic bronchitis and pneumonia. In later pages I give in detail, some of the facts relating to the dangers of cigarette smoking. In the face of this massive challenge our efforts at prevention have, so far, been puny. Expenditure on the promotion of information and the use of all the modern media of communication has been negligible when compared with the cost to the nation of these premature deaths. So often too the premature death occurs in a male in his prime, at the time of his greatest contribution to society and to his family. Constant effort should be directed by all the means that are available towards the education of young people in an effort to persuade them that cigarette smoking is a foolish habit indulged in by those who are unable to resist the temptation rather than, as it is now so often presented by the cigarette manufacturers, as the smoker bearing an image of maturity and independence. This responsibility lies however not only with the health educators but with those members of the adult population who particularly have contact and influence with young people.

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular physical exercise and who are not obese. Farmers and bus conductors suffer less than bus drivers and commercial travellers. It is disturbing to consider that while young people are at school they are physically active but this activity may cease when they leave. They often eat in excess of their needs and start smoking earlier than former generations. The prevention of arterial disease, and the presymptomatic detection in screening of individuals likely to suffer is a challenge to preventive medicine which, at the present time, is not being tackled in Britain. Apart from isolated pockets of individual research there is little other effort and none which is generally directed. A situation may be building up in which the incidence of early arterial disease could assume epidemic proportions.

Much remains also, to be done in the field of chronic illness. The early detection of cancer, of diabetes, the prevention and alleviation of rheumatic diseases in all its manifestations, and finally in tertiary prevention, the needs of those who are the victims of chronic illness, particularly today with the increasing survival of the handicapped and the elderly,

will require the organisation and deployment of many services. It is to be hoped that medical research may find the answer to some of these problems, but in the meantime in the organisation of the National Health Service there is an urgent need to assess the priorities in medicine and make the best use of the available resources.

Finally there is the disappointment that in a welfare state, where the relief of poverty and its attendant anxieties have been the primary aim of succeeding governments since the end of the war, there has been no lessening in the occurrence of mental ill health. Instead its incidence, together with those other manifestations of mental instability, such as drug taking, both of hard drugs and sedatives, delinquency, crime, child neglect and cruelty, divorce and a neglect of social obligations, indicate that a materially prosperous society requires also a firm basis of morality to be successful.

I wish to express my thanks to Mr. Lewis the Chief Public Health Inspector and his staff for their most helpful co-operation during the year and for their work in the compilation of this report, and accord my thanks to the Clerk, Chairmen of the Council and Public Health Committee for their interest and help. My thanks are also due to the County Medical Officer of Health for his ready co-operation in the supplying of information.

I have the honour to be

Your obedient servant,

JOAN M. ST. V. DAWKINS,

Acting Medical Officer of Health.

October 1970.

OUNDLÉ & THRÁPSTON RURAL DISTRICT COUNCIL

Members of the Public Health Committee:

Councillors H.W. Allen, C.S. Bowering (Chairman), A.J. Carr, G.F. Childs, A.T. Davis, Mrs. E.M. French, L.H. Garrett, P. Gray, Dr. E. St. Clair Gainer, E.E. Hackney, F.G. Jackson, P.H.W. Loaring, Rev. W.J.T. Oakley, M.M., E. Sanson, K.B. Selby, E. Smith, O. Tynan, W.B. Woolman.

Councillors F.C.L. Carress, Chairman of the Council, and A. Harrod, Vice Chairman were members ex-officio.

Public Health Officers of the Local Authority:

Medical Officer of Health:

Joan M. St. V. Dawkins, M.B., B.S., D.P.H., D.C.H.,

also holds appointments of

Medical Officer of Health, Brackley and Daventry Borough Councils, Brackley, Daventry, Brixworth, Northampton and Towcester Rural District Councils, Acting Medical Officer of Health, Oundle, Raunds and Rushden Urban Districts, Higham Ferrers Borough and Senior Assistant Medical Officer, Northamptonshire County Council.

Chief Public Health Inspector:

B. Lewis, A.M.I.P.H.E., A.I.Hsg.

Deputy Public Health Inspector:

R.E. Hope, M.A.P.H.I.

Additional Public Health Inspector:

J.A. Sellars, M.A.P.H.I.

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SUMMARY OF VITAL STATISTICS, 1969

Area (in acres)	107,337
Population 1961 (census)	18,112
" 1969 (mid-year estimate)	18,220
Number of separate dwellings occupied 1961 (census)	5,670
" " " " " 1969	6,155
Rateable Value, 1969	£473,166
Products of a penny rate 1969/70	£1,850

LIVE BIRTHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	126	117	243
Illegitimate	9	7	16
	<u>135</u>	<u>124</u>	<u>259</u>

Crude birth rate per 1,000 population - 14.2

Area Comparability Factor - 1.09 Adjusted birth rate per 1,000 population - 15.5

ILLEGITIMATE LIVE BIRTHS (per cent of total live births) - 6%

STILLBIRTHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1	1	2
Illegitimate	0	1	1
	<u>1</u>	<u>2</u>	<u>3</u>

Rate per 1,000 live and stillbirths - 11

DEATHS (all causes)

<u>Male</u>	<u>Female</u>	<u>Total</u>
138	107	245

Crude death rate per 1,000 population - 13.4

Area Comparability Factor - 1.30 Adjusted death rate per 1,000 population 13.4

Deaths ascribed to pregnancy, childbirth and abortion - NIL

SECTION A

NATURAL AND SOCIAL CONDITIONS

AREA: The Oundle and Thrapston Rural District consists of 51 parishes and covers an area of 107,337 acres. Four parishes are over 4,000 acres, five are between 3,000 and 4,000, nine are between 2,000 and 3,000 acres and 30 are between 1,000 and 2,000 acres. There are 3 parishes which are smaller than 1,000 acres.

The number of dwellings is 6155 and the housing factor is 3.0 persons per house. POPULATION. The Registrar General in his return for 1969 gives the estimated mid-year population as 18,220. This shows a decrease of 60 from 1968. There was, however, a natural increase of 14 (i.e. births minus deaths).

BIRTHS. There were 259 live births the same as for 1968.

The following table shows comparisons with England and Wales and the Administrative County over the past five years.

Year	Total Births	Rate per 1,000 population		
		Oundle & Thrapston	County	England & Wales
1965	302	16.3	18.8	18.1
1966	278	15.1	18.5	17.7
1967	276	15.1	18.0	17.2
1968	259	14.2	18.8	16.9
1969	259	14.2	18.1	16.3

ILLEGITIMATE BIRTHS. There were 16 illegitimate live births compared with 15 for 1968, giving a rate of 61.7 per 1,000 live births compared with 58 for the previous year.

STILLBIRTHS. There were three stillbirths. The rate per 1,000 live and stillbirths was 11 compared with 14 for the County and 13 for England and Wales.

DEATHS. Of the 245 deaths over half of these were due to diseases of the heart and circulatory system and also to various kinds of cancer.

The following table gives a comparison of the death rates between the District, the County and England and Wales for the past five years.

Year	Total Deaths	Rate per 1,000 population		
		Oundle and Thrapston	County	England & Wales
1965	194	10.5	10.8	11.5
1966	217	11.8	11.1	11.7
1967	167	9.1	10.1	11.2
1968	205	11.2	10.9	11.9
1969	245	13.4	10.9	11.9

MATERNAL DEATHS. There were no maternal deaths.

INFANT MORTALITY. There were 7 infant deaths: the mortality rate was 19 per 1,000 live births compared with 46 for 1968 when there were 12 deaths.

NEONATAL MORTALITY. This is a sub-division of the infant mortality rate and concerns infant deaths within the first four weeks of life, 1 of the above deaths was in this category, with a rate of 4.

PERINATAL MORTALITY. This category includes stillbirths and deaths within the first week of life. There were three stillbirths and one death under one week compared with six stillbirths in 1968. The rate was 15.

INFANT MORTALITY.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	6	-	6
Illegitimate	1	-	1
	<hr/> 7	<hr/> -	<hr/> 7

Rate per 1,000 live births - 19.

CAUSES OF DEATH 1969

Causes of Death		Male	Female	Total
B4	Enteritis and other diarrhoeal diseases	1	1	2
B5	Tuberculosis of respiratory system	2	-	2
B6	Other tuberculosis, including late effects	1	-	1
B18	Other infective and parasitic diseases	2	-	2
B19(1)	Malignant neoplasm, buccal cavity, etc.	-	1	1
B19(3)	Malignant neoplasm, stomach	4	2	6
B19(4)	Malignant neoplasm, intestine	7	3	10
B19(6)	Malignant neoplasm, lung, bronchus	11	1	12
B19(8)	Malignant neoplasm, uterus	-	3	3
B19(9)	Malignant neoplasm, prostate	3	-	3
B19(10)	Leukaemia	1	1	2
B19(11)	Other malignant neoplasms	7	9	16
B21	Diabetes Mellitus	-	2	2
B46(3)	Mental disorders	-	1	1
B46(4)	Other diseases of nervous system, etc.	1	2	3
B26	Chronic rheumatic heart disease	1	1	2
B27	Hypertensive disease	-	5	5
B28	Ischaemic heart disease	28	21	49
B29	Other forms of heart disease	9	7	16
B30	Cerebrovascular disease	13	20	33
B46(5)	Other diseases of circulatory system	3	5	8
B31	Influenza	1	-	1
B32	Pneumonia	13	8	21
B33(1)	Bronchitis and emphysema	15	2	17
B46(6)	Other diseases of respiratory system	-	2	2
B34	Peptic ulcer	1	2	3
B37	Cirrhosis of liver	-	1	1
B46(7)	Other diseases of digestive system	2	1	3
B39	Hyperplasia of prostate	2	-	2
B46(8)	Other diseases, genito-urinary system	1	1	2
B46(9)	Diseases of skin, subcutaneous tissue	-	1	1
B46(10)	Diseases of musculo-skeletal system	-	1	1
B42	Congenital anomalies	1	-	1
B44	Other causes of perinatal mortality	1	-	1
B45	Symptoms and ill defined conditions	-	1	1
BE47	Motor vehicle accidents	5	-	5
BE48	All other accidents	-	2	2
BE49	Suicide and self-inflicted injuries	1	-	1
BE50	All other external causes	1	-	1
Total:		138	107	245

Out of a total of 245 deaths, 61 persons died before the age of 65. The causes of their deaths were predominantly due to arterial diseases, cancer, respiratory infection or accidents.

It is well to reflect each year on these early deaths, and to assess the need for prevention in these groups.

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer, 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from smoking than on industrial disputes.

In 1968, it was considered that about 75% of the male population and 41% of the female population smoked. Between 1956-68 the number of female cigarette smokers rose by a million. It is deeply disturbing to note that 42% of 16 year old boys and 30% of girls smoke more than 25 cigarettes per week.

The adverse effects on health of smoking unfortunately only become manifest after many years, and are therefore not obviously connected with the habit. Also in many countries, as the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation, and it is not practicable to impose regulations on an unwilling population. However, it is imperative to take action that will discourage young people from starting to smoke, and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailment of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a recently published paper* that the most important approaches to combat the health hazards of smoking are as follows:-

1. The education of youth not to take up smoking.
(In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars and others whom young people admire and may emulate.)
2. The exerting of the influence of health workers.
(The medical profession have recognised the hazard, and now only a quarter of British male doctors smoke. Their death rate from lung cancer is now only 2/5 of the national figure.)

*Smoking and Health by Professor C.M. Fletcher & Dr. D. Horn. W.H.O. Publication.

3. Group approaches to the control of cigarette smoking by adults.
4. Mass approaches to the control of cigarette smoking.
5. Reducing the effectiveness of the advertising and promotion of cigarettes.
6. Less hazardous smoking.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

The yearly toll of injury and death from road accidents mounts steadily. In an over-populated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However the majority of deaths (and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1969 7383 were killed on the roads as compared with 6310 in 1968.

Deaths from accidents in the home are also continuing at a rate which is far too high, running at over eight thousand, together with injuries of approximately 125,000 receiving hospital treatment and a million and a half with slight injuries. Over three quarters of the fatalities occur in elderly people or in children under 5 years of age.

The statistics for Great Britain in 1967 are given in the chart below:-

Cause of Death	Age-group (years)					Sex		Total Deaths
	0 - 4	5 - 14	15 - 44	45 - 64	65 & +	Male	Female	
Poisoning	33	13	316	494	624	637	843	1,480
Falls	78	12	75	336	3,906	1,252	3,155	4,407
Burns and scalds	123	45	60	135	428	325	466	791
Suffocation and choking	526	7	71	74	64	421	321	742
Others	114	38	115	89	133	288	201	489
Total	874	115	637	1,128	5,155	2,923	4,986	7,909
Death Rate*	18.8	1.5	3.0	8.5	77.5	11.2	18.1	14.8

* Deaths per 100,000 population.

The following notes have been published in the Home Safety Journal (a publication of R.O.S.P.A.) in July 1970, and are acknowledged with thanks.

Comparative Figures for 5 Years 1963-1967

The annual figures of home accident fatalities in Great Britain for the five years 1963-67, analysed according to cause, are given in the following table:-

Cause of Death	1963	1964	1965	1966	1967
Poisoning	2,124	1,782	1,697	1,719	1,480
Falls	4,830	4,641	4,538	4,660	4,407
Burns and scalds	1,058	886	872	951	791
Suffocation and choking	792	896	900	812	742
Others	495	441	480	441	489
Total	9,299	8,646	8,487	8,583	7,909

Home Accidents - Cause of Death

Falls:

56% of total deaths - in one year (1967) (4,407 cases)
89% of victims were aged 65 or over
60% were falls on one level, tripping, slipping, stumbling
25% were falls from one level to another.

Common causes of falls on one level are - slipping on wet floors or polished floors with or without loose rugs; tripping over obstacles or catching toes in floor coverings in poor repair; slipping on spilt grease; slipping in the bath.

Common causes of falls from one level to another are - lack of handrails or unsteady banisters causing falls downstairs; poor lighting on stairways; chairs used instead of household steps. Other falls of this nature include falls out of bed, out of prams and highchairs.

Physical causes include poor sight; undue haste; illnesses causing heart or chest troubles; stiff limbs; dizziness caused by reaching up or down unduly in elderly people.

Prevention: Risk of falls can be reduced by maintaining floor surfaces in good repair; wiping up spilt grease immediately; being tidy about the house; having safety rails by the bath; wearing shoes in good repair. Household steps should always be used to reach high shelves, etc., window safety catches should be used to control opening for the protection of young children

and elderly people. Beds should not be too high; or chairs too low for easy use; extra handrails on the wall side of the stairs are helpful. Safety harness should be used in prams and highchairs.

Poisoning:

19% of all fatal home accidents in 1 year (1967)

43% of poisoning accidents involved household gas (642 cases)

57% involved drugs, chemicals and all other causes of poisoning (775 cases).

Common causes of gas poisoning are absentmindedness in leaving gas on, or partly lighted, lack of ventilation, using wrong (rubber) connecting tubing for appliances; bad installation or repair. The human factor, carelessness is most often the basic cause.

Other forms of poisoning include overdoses of medicines; leaving medicines within reach of children; failure to use medicine cupboard; not checking dosage; taking internally lotions, rubs, etc., designed only for external use; children eating cosmetics.

Domestic Chemicals such as bleach, disinfectant, detergent, pesticides, paint strippers, antifreeze, petrol, paraffin and other fluids cause accidents to children, often causing internal injury.

Prevention: To prevent gas poisoning have any suspected leak inspected and serviced by the Gas Board; form the habit of checking that burners are alight; keep adequate ventilation to ensure a change of air, never use rubber connecting tubing; see that gas geyser flues are clear of obstruction; tighten loose gas taps that can be accidentally knocked on.

To prevent medicinal poisoning - keep all medicines in a proper medicine cupboard (to British Standard Specification); check dosage every time; use the 5ml. spoon for liquid medicines; get rid of surplus medicines by flushing down the lavatory; keep medicines out of the reach of children; label all containers clearly; if in doubt destroy.

To prevent poisoning from chemicals - avoid transferring to other containers, especially those previously used for food or drink; label clearly; store out of the reach of children, especially in garage, shed or greenhouses; observe manufacturers' warnings and instructions.

Burns and Scalds:

10% of all fatal home accidents in 1 year (1967) were burns and scalds (791 cases).

Deaths are caused by - falling into unguarded fires; clothing catching alight; burns due to houses catching fire. Conflagrations are due to chimney fires, overturning oil heaters, careless use of smoking materials and electrical faults. Faulty electric blankets can cause burns and asphyxia. Scalding accidents are due to hot liquids - overturning kettles and saucepans, bath water, washing and washing-up water, hot starch, and bursting hot-water bottles.

Prevention: To prevent burning accidents all coal fires should have fixed guards (to British Standards 2783 or 3140); gas, electric and oil fires should have integral guards. Winter clothing should be made of pure wool (slow burning), brushed nylon, or proofed cotton.

Clothing should never be aired near unguarded fires of any kind. Care should be taken when using flammable solvents for dry cleaning, or flammable adhesives for fixing tiles, etc., in the house. Paraffin and petrol should be stored in metal cans, and oil heaters filled, if possible outside the house. Polythene-type storage containers are increasingly popular and safe - metal cans can rust and therefore leak.

To prevent scalding accidents fill hot-water bottles carefully, using a thick protective cover; keep panhandles and kettle spouts away from the front of the cooker; keep toddlers out of the kitchen when doing laundry, washing up, cooking and dishing up are in progress; turn tablecloths under to prevent toddlers pulling hot liquids off the table. When using water for bathing and washing always run cold water before hot.

Suffocation and Choking

These accidents account for over 9% of all fatal home accidents. In one year (1967) there were 742 deaths. Two thirds of these were by inhalation and ingestion of food, the rest from suffocation in cots and cradles. Children under 5 years accounted for 71% of all cases of suffocation and choking.

Prevention: To prevent suffocation and choking never 'prop-feed' infants; ensure adequate rubbing of the baby's back to bring up wind before putting down to sleep. Keep talcum powder (which can clog the lungs) away from babies, and if a sponge is used for washing see that it is too large and firm to be put in baby's mouth. Keep plastic bags out of the reach of children; never use a pillow for a baby under twelve months old, remove bibs before putting a baby down to sleep, and use a net to prevent pets getting into cots or prams.

Other Risks

In one year (1967) 489 people died from other accidental causes; these included 75 drowning fatalities in baths, garden ponds, etc.; 27 from accidents with firearms; 70 from electrocution and 20 from foreign bodies in orifice.

Electrical Accidents

Due to amateur installations and repairs, faulty flex and plugs, misuse of domestic appliances, unearthed plugs, open sockets where there are children, also unguarded electric fires, touching electrical appliances with wet hands. Taking electrical apparatus into the bathroom, filling electric kettles without first disconnecting are also dangerous practices.

S E C T I O N B

GENERAL PROVISION OF HEALTH SERVICES

LABORATORY SERVICE. The area is covered by the Public Health Laboratories at Northampton and Peterborough. There is also a laboratory at Kettering General Hospital with a branch at Rushden Memorial Hospital. The Public Health Laboratories provide facilities for routine examination of water and milk supplies, washed bottle rinses, churn rinses and the examination of ice-cream and ice-lolly samples. All of the laboratories provide facilities for the examination of specimens in connection with the control of communicable diseases.

AMBULANCE SERVICE, HOME NURSING AND HOME HELP SERVICE. These services are run by the County Council.

HOSPITAL ACCOMMODATION AND OUT PATIENT FACILITIES.

General Hospitals - Northampton, Kettering, Stamford and Peterborough.

Maternity - St. Mary's, Kettering, Maternity Unit, Corby.

Tuberculosis and Chest Diseases - Rushden Hospital.

Orthopaedic - Manfield Hospital, Northampton.

Infectious Diseases - Harborough Road Hospital, Northampton.

INFANT WELFARE CENTRES. The County Council is responsible for these centres which are held in the following villages:-

Brigstock, Collyweston and Thrapston.

In addition to the above centres a mobile clinic serves the following villages every month.

Site of mobile clinic

3rd Wednesday in month:

Aldwinckle

Titchmarsh

3rd Monday in month:

Laxton

3rd Tuesday in month:

Nassington

1st Tuesday in month:

Chelveston

Ringstead

3rd Wednesday in month:

Warmington

1st Thursday in month:

Little Addington

Woodford

3rd Tuesday in month:

Upper Benefield

Village served by estate car

Clopton

Pilton

Slipton

Thorpe Waterville

Wadenhoe

Wakerley

Baltherwyke

Bulwick

Kings Cliffe

Harringworth

Fotheringhay

Woodnewton

Yarwell

Caldecote

Ashton

Polebrook

Lutton

Great Addington

Lower Benefield

Glaphthorn

Southwick

Tansor

Cotterstock

Upon request to the local health visitor the estate car will call at any other village to convey any mother to the nearest site of the mobile clinic. Thus child welfare facilities are now available to all mothers in the district.

SECTION CSANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY. The Nene and Ouse Water Board is responsible for the water supply to the District. Results of analyses were as follows:-

	Public Health Laboratory Bact. Examination		
	Total No. of samples	Number satis.	Number unsatis.
Barnwell	56	51	5
Brigstock	42	39	3
Cotterstock	43	42	1
Islip	43	42	1
Raunds (Hargrave)	6	6	-
Ringstead	24	23	1
Thrapston	43	40	3
Tixover	45	44	1
Woodford	98	85	13
Mid-Northants Water Board (Benefield)	39	39	-
Private supplies	25	18	7
Total	464	429	35

FLUORIDE: The fluoride content of all the raw water is 0.02 parts per 100,000, this is reduced to 0.01 parts per 100,000 after filtration and chlorination.

At intervals throughout the year, samples of raw water from the various sources are submitted for chemical analysis by the Public Analyst.

Listed below are the remarks made by the Public Analyst in respect of each source. Prior to being put into supply the water from every source is filtered and chlorinated.

Sample of Water labelled "Raw Water, Islip Springs" received on the 15th September 1969.
Remarks:-

The results obtained on the analysis of this sample indicate a hard water containing little organic matter though slightly contaminated with coliform organisms.

It is to be recommended that this water be efficiently filtered and chlorinated and that the supply be kept under observation.

Sample of Water labelled "Raw Water, Brigstock Borehole" received on the 15th September 1969
Remarks:-

The results obtained on the analysis of this sample indicate a hard water containing little organic matter and free from coliform organisms in 100 mils.

Subject to a satisfactory bacteriological report, this water may be considered fit for drinking purposes.

Sample of Water labelled "Raw Water, Cotterstock Well" received on the 29th September 1969
Remarks:-

The results obtained on the analysis of this sample indicate a hard water containing little organic matter and free from coliform organisms.

Subject to a satisfactory bacteriological report, this water may be considered fit for drinking purposes.

Sample of Water labelled "Raw Water, Woodford Well" received on the 15th September 1969
Remarks:-

The results obtained on the analysis of this sample indicate a hard water containing little organic matter and free from coliform organisms in 100 mils.

Subject to a satisfactory bacteriological report, this water may be considered fit for drinking purposes.

Sample of Water labelled "Raw Water, Thrapston Well" received on the 29th September 1969
Remarks:-

The results obtained on the analysis of this sample indicate a hard water containing little organic matter and free from coliform organisms in 100 mils.

Subject to satisfactory bacteriological report, this water may be considered fit for drinking purposes.

Sample of Water labelled "Raw Water, Ringstead Well" received on the 15th September 1969
Remarks:-

The results obtained on the analysis of this sample indicate a hard water slightly contaminated with organic matter and with coliform organisms.

It is to be recommended that this water be efficiently chlorinated and that the supply be kept under observation.

PLUMBO SOLVENCY: None of these waters have any action on lead pipe when tested for three days at 21°C (70°F).

A public water main is available to the built-up area of the 51 parishes in the Rural District. No parish in the District is dependent on street standpipes for its water supply.

The following table gives particulars of the estimated number of dwelling houses and the number of the population supplied from public water mains:-

Parish	Mains Water Direct to Houses		Mains Water by Standpipe	
	Houses	Population	Houses	Population
Aldwinckle	95	285	9	27
Apethorpe	47	140	-	-
Ashton	50	138	-	-
Barnwell	109	327	-	-
Benefield	104	340	-	-
Blatherwyke	23	42	3	9
Brigstock	375	942	37	88
Bulwick	45	140	2	8
Chelveston-cum-caldecot	99	320	-	-
Clopton	28	87	3	8
Collyweston	130	360	13	45
Cotterstock	34	63	4	12

Parish	Mains Water Direct to Houses		Mains Water by Standpipe	
	Houses	Population	Houses	Population
Deene	34	90	-	-
Deenethorpe	26	63	-	-
Denford	86	200	6	25
Duddington	50	142	13	33
Easton-on-the-hill	365	1,084	8	20
Fineshade	14	42	3	10
Fotheringhay	39	168	-	-
Claphorn	71	202	1	2
Great Addington	59	205	-	-
Hargrave	43	126	17	51
Harringworth	46	115	13	35
Hemington	18	56	9	24
Islip	193	547	7	22
Kings Cliffe	248	972	19	60
Laxton	30	93	-	-
Lilford-cum-Wigsthorpe	58	183	9	30
Little Addington	56	225	9	24
Lowick	70	302	-	-
Luddington	14	50	5	14
Lutton	43	130	10	29
Nassington	210	626	7	22
Pilton	15	45	10	25
Polebrook	81	294	4	13
Ringstead	316	889	5	14
Southwick	55	187	5	16
Stoke Doyle	34	96	-	-
Sudborough	54	142	2	4
Tansor	44	140	9	24
Thorpe Achurch	55	137	8	19
Thrapston	734	1,974	6	20
Thurning	26	59	6	15
Titchmarsh	140	339	13	20
Twywell	89	243	20	36
Wadenhoe	32	102	7	24
Wakerley	25	88	6	19
Warmington	158	542	2	3
Woodford	378	1,272	13	40
Woodnewton	55	173	14	39
Yarwell	82	248	6	15

PUBLIC CLEANSING

The following table shows the arrangements in force:-

<u>Parish</u>	<u>Interval of collection</u>	<u>Parish</u>	<u>Interval of collection</u>
Aldwinckle	Weekly	Thrapston	Weekly
Apethorpe	"	Titchmarsh	"
Armston	"	Twywell	"
Ashton	"	Wadenhoe	"
Barnwell	"	Warrington	"
Benefield	"	Wigsthorpe	"
Brigstock	"	Woodford	"
Bulwick	"	Woodnewton	"
Chelveston	"	Yarwell	"
Clopton	"	Blatherwyke	Fortnightly
Collyweston	"	Deene	"
Cotterstock	"	Deenethorpe	"
Denford	"	Fineshade	"
Duddington	"	Harringworth	"
Easton-on-the-hill	"	Hemington	"
Fotheringhay	"	Laxton	"
Glapthorn	"	Luddington	"
Great Addington	"	Luton	"
Hargrave	"	Thurning	"
Islip	"	Wakerley	"
Kings Cliffe	"		
Lilford	"		
Little Addington	"		
Lowick	"		
Nassington	"		
Filton	"		
Polebrook	"		
Ringstead	"		
Slipton	"		
Southwick	"		
Stoke Doyle	"		
Sudborough	"		
Tansor & Elmington	"		
Thorpe Achurch	"		

Arrangements are being made for a weekly collection to be made at all parishes during 1970.

The method of refuse disposal is by controlled tipping.

SEWERAGE AND SEWAGE DISPOSAL

The following villages have been provided with modern sewers and sewage disposal works:-

Kings Cliffe
Easton-on-the-hill
Warmington
Nassington
Titchmarsh
Great Addington
Little Addington

Construction is at present in progress for the following:-

Thrapston	}	New joint sewage disposal works .
Islip		
Ringstead		
Denford		

Proposals are at present under consideration for the following:-

Apethorpe and Woodnewton (combined scheme)
Glaphorn
Barnwell and Polebrook (combined scheme)

In view of the increasing demand for residential development in some of the parishes in the District there is an urgent need for sewerage schemes in a number of villages.

MOVABLE DWELLINGS. Since the Caravan Sites and Control of Development Act, 1960 came into force in August, 1960, the following site licences have been issued:-

Permanent Caravan Sites - 4 Number of Caravans - 18

Temporary Caravan Sites - 15 Number of Caravans - 25

SWIMMING BATHS. There are no public swimming baths in this area.

RODENT CONTROL. During the year a campaign for rat control was initiated by the Ministry of Agriculture, Fisheries and Food Tests Division concurrently in the three counties of Northamptonshire, Leicestershire and Rutland. Following a meeting held at Kettering in April a Rat Steering Committee was set-up, on which your medical officer served as a member, consisting of representatives of the Ministry of Agriculture, the Local Authorities and the National Farmers Union. Later members of many other authorities including rivers, waterways, waterboards, rail, electricity, county landowners association and the forestry commission were invited to co-operate. The date of November 24th was selected for wholesale baiting to begin. In the interim local meetings and demonstrations were then held in all the Local Authority areas throughout the year, and a wide publicity campaign was mounted. This included press reports, advertisements, posters, demonstrations and reports and discussions on radio and television. These local meetings were at selected premises where talks were given, practical measures to control and destroy rats and mice were shown at farm premises together with a film demonstrating the damage to health, property and foodstuffs caused by rat and mice infestations. There was some co-operation from the farmers but the numbers attending were not high. The councils own operative visited the farms in the district before the campaign in order to stimulate interest.

The scheme came into operation as arranged on November 24th and considerable success was achieved, but the need for efforts to be maintained continuously cannot be over-emphasised, to keep continually on the alert for any sign of the presence of rats and to institute immediate action before they get established and start breeding. The establishment of permanent baiting points is essential. These should be so placed that domestic animals cannot gain access and need constant inspection and replenishment.

SECTION D

HOUSING

The Council's building programme for the year was as follows:-

	1969
No. of council houses built during the year	13
No. of council houses under construction at the end of the year	43
No. of private houses built during the year	81
No. of private houses under construction at the end of the year	56

SECTION EINSPECTION AND SUPERVISION OF FOODMeat Inspection

There are six licensed slaughterhouses in the Area.

The following are the details of animals inspected and of condemnations during the year.

	BEASTS	SHEEP	PIGS
Number Inspected	534	2,137	382
<u>Parts Condemned</u>			
Heads	1	-	-
Lungs	4	-	5
Hearts	1	-	4
Livers	73	17	2
Pt.Livers	41	-	-
Meat	-	2 Flanks 3 Legs	3 Legs
Carcases	-	1	-

Poultry Inspection

No. of Poultry Processing Plants	7
No. of visits	10
No. of birds processed	100,000 (approx)

SECTION F

THE PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Health Services and Public Health Act, 1968 Public Health (Infectious Diseases) Regulations Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:-

Acute encephalitis	Opthalmia neonatorum
Acute meningitis	Paratyphoid Fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Since 1968 notification of the diseases listed below is no longer required:-

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

The total number of infectious diseases notified during the year was 124 an increase due to measles of 28 on last year's figure.

MEASLES. The incidence of measles during the year was 91 compared with 71 last year.

This highly infectious illness from which few individuals escape has its incidence almost exclusively during childhood. It usually follows a biennial incidence with high numbers occurring in alternate years. The course of the illness is almost invariably benign, but complications which include otitis media, pneumonia, eye infections and very occasionally encephalitis do occur, and the illness itself is often severe. Complications can be effectively dealt with by the many antibiotics which are now available, but these drugs are themselves not all without side effects, are expensive and involve medical supervision. An effective measles vaccine has now been developed and this was available for general use during the course of the year. It is anticipated that in future years measles in common with poliomyelitis and diphtheria will be virtually eradicated.

WHOOPING COUGH. There were no cases notified during the year.

Acceptance rate to immunisation is high and the incidence of this condition is low. Cases still occur as immunisation is not completely effective, however, in the majority of children who have received immunisation the illness is usually mild.

SCARLET FEVER. 25 cases were notified during the year.

The principal interest in its notification is that it gives some indication of the degree of streptococcal infection in the community.

POLIOMYELITIS. No cases occurred.

This freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

FOOD POISONING. There were no cases during the year.

The condition is usually caused by one of the Salmonella organisms of which there are a

large number. The commonest strain being that of typhimurium. Salmonella infection is common in bovines, and the incidence of infection on farms is now notified by the Divisional Veterinary Officer to the Medical Officer of Health. Farm workers are then warned of the possibility of human infection, and given details of hygiene precautions to prevent incidence in themselves or their families.

Other causes of food poisoning are staphylococcus which may gain entry to food from an infected spot on the face, hands or arms of a food handler which may cause a severe form of the illness. As the symptoms result from a toxin which is unaffected by heat, cooking the infected food, in this case does not prevent the illness. More rarely typhoid fever, botulism or chemical contaminants may occur. However the commonest germ is the salmonella which gains entry into food because of the faulty hygiene of food handlers. The sources of infection are numerous probably uncooked contaminated (often imported) meat being today one of the most frequent.

SMALLPOX There were no cases.

The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

DIPHTHERIA. There have been no cases of diphtheria in Northamptonshire since 1956.

There is therefore with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease is kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so they neglect their welfare.

DYSENTERY. No cases of dysentery were notified during the year.

INFECTIVE JAUNDICE The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July 1962. By arrangement with other District Councils this also became operative in the County of Northamptonshire. There were six cases notified during the year.

Acute Infective Hepatitis is a disease caused by a virus, which attacks the liver and causes jaundice. It is mainly an infection of young people of faecal-oral spread, and with an incubation period of 15 - 50 days. The incriminative routes of infection are from food handlers, water and children to their mothers. The virus is present in faeces 16 days before jaundice and up to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50 - 160 days and affects mainly adults and can be spread by blood

transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work for six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate hand washing techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposable equipment was generally introduced. In this County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

PNEUMONIA There were no cases notified during the year.

The respiratory infections particularly those of bronchitis and influenza are still a cause of considerable illness and as a result, of absence from work. Pneumonia also still occurs, though much less than formerly and is usually treated effectively by the many antibiotics that are now available. However in the elderly and in those whose resistance is diminished either from chronic bronchitis or other causes, it remains a cause of death. This year there were 21 deaths from pneumonia, 17 deaths from bronchitis and one death from influenza.

MENINGOCOCCAL MENINGITIS No cases were notified

TUBERCULOSIS Two cases of respiratory tuberculosis were notified during the year.

SECTION G

FACTORIES ACT, 1961

Details of the administration of this Act are given in the following tables:-

- 1) Inspection for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	7	7	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	66	18	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total	73	25	-	-

- 2) Cases where defects were found - Nil

OUTWORK

There are four factories in the district which employ outworkers.

Nature of Work	Section 110			Section 111		
	No. of Outworkers in August list required by Section 110(1) (c)	No. of cases of defaulters in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing Apparat	19	-	-	-	-	-
Stuffed Toys	83	-	-	-	-	-

Offices, Shops and Railway Premises Act, 1963

Types of Premises	No. Registered	No. inspected	No. where defects exist	No. where defects remedied
Offices	14	6	-	-
Shops	42	20	-	-
Warehouses	2	1	-	-
Catering	-	-	-	-
Staff Canteens	1	1	-	-
Fuel Storage Depots	-	-	-	-

